



Print in CAPITAL letters using black ink

Taxpayer Identification Number (FEIN)

Fill in ☐ if FEIN

Fill in ☐ if SSN

OFFICIAL USE ONLY
Vendor ID# 0000

Business name

Tax Year beginning July 1, 2014
and ending June 30, 2015
Due Date: July 31, 2014

Business mailing address line 1

Business mailing address line 2

City

State

Zip Code + 4

Fill in ☐ if Amended Return

Fill in ☐ if certified QHTC

Fill in ☐ if Final Return

Fill in ☐ if remaining cost is \$225,000 or less

Statement of personal property and computation of personal property tax

A. Kind of business or profession:

B. Number of DC locations

Consolidate reporting for all business locations in the District on one personal property tax return. Do not file separate returns for each location. (See instructions)

C. If a hotel or motel, enter the number of rooms

D. Are you a lessee or lessor of personal property not reported in Schedule A of this return?

If "Yes", complete Schedule D-1 or D-2 as appropriate. If you are a certified QHTC complete FR-399 Schedule D-3 or D-4 as appropriate.

E. Are there other companies doing business from your address under a lease, sublease or concession? If "Yes", attach a separate schedule listing the name of each company

Office building owners must attach a list of tenants as of July 1, 2014.
Include the building address, taxpayer ID and room number.

FEIN (or SSN): _____



1 5 0 3 1 0 0 2 0 0 0 0

| | Column A - Original Cost Dollars (Round cents to the nearest dollar) | Column B - Remaining Cost (Current Value) Dollars (Round cents to the nearest dollar) |
|--|--|--|
| 1. Books, DVDs and other reference material (<i>from Schedule A</i>) _____ | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00 | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00 |
| 2. Furniture, fixtures, machinery and equipment (<i>from Schedule A</i>) _____ | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00 | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00 |
| 3. Unregistered motor vehicles, unregistered trailers and other tangible personal property (<i>from Schedule A</i>) _____ | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00 | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00 |
| 4. Supplies (<i>from Schedule B</i>) _____ | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00 | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00 |
| 5. Total original cost of tangible personal property (Add Lines 1 through 4, Column A) _____ | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00 | |
| 6. Remaining cost (Current Value) of personal property (<i>Add Lines 1 through 4, Column B</i>) _____ | | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00 |
| 7. Deduct: Exclusion _____ | | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 2 2 5 0 0 0 .00 |
| 8. Taxable remaining cost (current value) of personal property (<i>Line 6 minus Line 7. If Line 7 is equal to or greater than Line 6, make no more entries, sign below and mail</i>) _____ | | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00 |
| TAX RATE (\$3.40 per hundred) | | X .0340 |
| 9. TAX (<i>Line 8 amount multiplied by .0340 tax rate</i>) _____ | | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00 |
| 10. Tax paid (if any) with FP-129A, request for extension of time to file _____ | | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00 |
| 11. Balance due (<i>Line 9 minus Line 10</i>) _____ | | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00 |
| 12. Penalties (<i>See instructions</i>) _____ | | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00 |
| 13. Interest (<i>See instructions</i>) _____ | | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00 |
| 14. Total - balance due, penalties and interest (<i>Add Lines 11, 12 and 13</i>) _____ | | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00 |
| 15. Amount paid with this return _____ | | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00 |
| 16. Unpaid balance (<i>If any</i>) _____ | | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00 |
| 17. Overpayment (<i>If any</i>) _____ | | \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00 |

Will this refund go to an account outside of the U.S.? ☐ Yes ☒ No See instructions.

| | | | | | | | | | | | | | | |
|--------------------------|---|-------|------|---------------------------------------|----------------------|------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| PLEASE SIGN HERE | Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on the information available to the preparer. | | | Telephone Number of Person to Contact | | | | | | | | | | |
| | Officer's or owner's signature | Title | Date | <input type="text"/> | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| PAID PREPARER ONLY | Preparer's signature (If other than taxpayer) | | | Date | | Preparer's FEIN, SSN or PTIN | | | | | | | | |
| | Firm name | | | | | Preparer's Telephone Number | | | | | | | | |
| | Firm address | | | | | <input type="text"/> | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | | | | <input type="text"/> | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Make check or money order payable to the DC Treasurer. Include your FEIN/SSN, "FP-31" and tax year 2015 on your payment. See mailing instructions. Use the return envelope in this booklet.

Use only the straight-line depreciation method**Schedule A**

Books, DVDs and other reference material, furniture, fixtures, machinery and equipment, unregistered motor vehicles, unregistered trailers and other tangible personal property. (If the total cost is over \$225,000, attach a copy of your latest balance sheet.)

| (1) Type of Property | (2) Date Acquired Month/Year | (3) Depreciation Rate Used | (4) Original Cost | (5) Accumulated Depreciation as of June 30, 2014 | (6) Remaining Cost (Current Value) July 1, 2014 |
|--|---------------------------------------|----------------------------------|-------------------------|---|--|
| | | | \$ | | \$ |
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| Total Original Cost (Also enter on appropriate Line(s) 1, 2 and/or 3 of Col. A, page 2 of FP-31) | | | \$ | Total Remaining Cost (Current Value) (Also enter on appropriate Line(s) 1, 2 and/or 3 of Col. B, page 2 of FP-31.) | \$ |

Schedule B Cost of office and other supplies on hand as of July 1, 2014.

| Type of Supplies | Basis of Valuation If Other Than Physical Inventory | Remaining Cost (Current Value) |
|--|---|-----------------------------------|
| | | \$ |
| | | |
| | | |
| | | |
| Total original cost of supplies on hand (Enter on Line 4 in both Col. A. and Col. B, page 2 of FP-31.) | | \$ |

Schedule C Tangible personal property reported on last year's return and disposed of subsequently.

| (1) Type of Property | (2) Date Acquired | (3) Original Cost | (4) Date of Disposition | (5) Method of Disposition | IF SOLD (6) Name and Address of Purchaser | (7) Sales Price |
|----------------------------|-------------------------|-------------------------|-------------------------------|---------------------------------|---|-----------------------|
| | | \$ | | | | \$ |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Schedule D-1 Leased tangible personal property in your possession. To be completed by lessee (other than a QHTC) only. (See the specific instructions for Schedule D-1.)

| (1) Type of Property | (2) Owner's Name and Complete Address | (3) Original Cost | (4) Date Lease Started | (5) Annual Rent |
|----------------------------|--|-------------------------|------------------------------|-----------------------|
| | | \$ | | \$ |
| | | | | |
| | | | | |
| | | | | |

Schedule D-2 Leased tangible personal property in DC (other than leased to a QHTC). To be completed by lessor only. (See the specific instructions for Schedule D-2.)

| (1) Type of Property | (2) Owner's Name and Complete Address | (3) Original Cost | (4) Date Lease Started | (5) Annual Rent |
|----------------------------|--|-------------------------|------------------------------|-----------------------|
| | | \$ | | \$ |
| | | | | |
| | | | | |
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